STATEMENT OF

FORM 1	ORGANIZATION (See instructions)	Office use only
1. NAME OF COMMITTEE (in	(Check if name Example: If typying, type over the lines	12FE4M5
Chicago Board	d Options Exchange PAC	
	. 400 C. La Calla Chraat	
ADDRESS (number and	street) 400 S. LaSalle Street	
(Check if address is changed)		
	Chicago	IL 60605 – 111
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA	L ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)		
COMMITTEE'S WEB	PAGE ADDRESS (URL)	
(Check if address is changed)	www.choe.com	
2. DATE 0 6	28 2010 TION NUMBER C C00100693	
4. IS THIS STATEM	ENT NEW (N) OR X AMENDED (A)	
I certify that I have exami	ned this Statement and to the best of my knowledge and belief it is true, correct Treasurer Alan J Dean	and complete
Signature of Treasurer	Electronically Filed by Alan J Dean	Date 06 / 28 / Y Y O 1 0
NOTE: Submission of fa	se, erroneous, or incomplete information may subject the person signing this S ANY CHANGE IN INFORMATION SHOULD BE REPORTE	,
Office Use Only	For further informatic Federal Election Comm Toll Free 800-424-953 Local 203 694, 1100	nission FEC FORM 1